

## COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY SURVEY REPORT

### §485.70 Personnel qualifications.

This section sets forth the qualifications that must be met, as a condition of participation, under §485.58, and as a condition of coverage of services under §405.260 of this chapter.

(a) A facility physician must be a doctor of medicine or osteopathy who—

(1) Is licensed under State law to practice medicine or surgery; and

(2) Has had, subsequent to completing a 1-year hospital internship, at least 1 year of training in the medical management of patients requiring rehabilitation services; or

(3) Has had at least 1 year of full-time or part-time experience in a rehabilitation setting providing physicians' services similar to those required in this subpart.

(b) A licensed practical nurse must be licensed as a practical or vocational nurse by the State in which practicing, if applicable.

(c) An occupational therapist and an occupational therapist assistant must meet the qualifications set forth in §405.1202 (f) and (g) of this chapter.

(d) An orthotist must—

(1) Be licensed by the State in which practicing, if applicable;

(2) Have successfully completed a training program in orthotics that is jointly recognized by the American Council on Education and the American Board for Certification in Orthotics and Prosthetics; and

(3) Be eligible to take the Board's certification examination in orthotics.

(e) A physical therapist and a physical therapist assistant must meet the qualification set forth in §405.1702 (d) and (e) of this chapter.

(f) A prosthetist must—

(1) Be licensed by the State in which practicing, if applicable;

(2) Have successfully completed a training program in prosthetics that is jointly recognized by the American Council on Education and the American Board for Certification in Orthotics and Prosthetics; and

(3) Be eligible to take the Board's certification examination in prosthetics.

(g) A psychologist must be certified or licensed by the State in which practicing, if applicable, and must hold a master's degree from a training program approved by the State.

(h) A registered nurse must be a graduate of an approved school of nursing and be licensed by the State in which practicing, if applicable.

(i) A rehabilitation counselor must—

(1) Be licensed by the State in which practicing, if applicable;

(2) Hold at least a bachelor's degree; and

(3) Be eligible to take the certification examination administered by the Commission on Rehabilitation Counselor Certification.

(j) A respiratory therapist must—

(1) Be licensed by the State in which practicing, if applicable;

(2) Have successfully completed a training program accredited by the Committee of Allied Health Education and Accreditation (CAHEA) in collaboration with the Joint Review Committee for Respiratory Therapy Education; and

(3) Either—

(i) Be eligible to take the registry

examination for respiratory therapists administered by the National Board for Respiratory Therapy, Inc.; or

(ii) Have equivalent training and experience as determined by the National Board for Respiratory Therapy, Inc.

(k) A respiratory therapy technician must—

(1) Be licensed by the State in which practicing, if applicable;

(2) Have successfully completed a training program accredited by the Committees on Allied Health Education and Accreditation (CAHEA) in collaboration with the Joint Review Committee of Respiratory Therapy Education; and

(3) Either—

(i) Be eligible to take the certification examination for respiratory therapy technicians administered by the National Board for Respiratory Therapy, Inc.; or

(ii) Have equivalent training and experience as determined by the National Board for Respiratory Therapy, Inc.

(l) A social worker must—

(1) Be licensed by the State in which practicing, if applicable;

(2) Hold at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education; and

(3) Have 1 year of social work experience in a health care setting.

(m) A speech-language pathologist must meet the qualifications set forth in §405.1702(j) of the chapter.

COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY SURVEY REPORT

PROVIDER NUMBER	FACILITY NAME AND ADDRESS (City, State, Zip Code)	
VENDOR NUMBER		
SURVEY DATE	Type of Survey 1. <input type="checkbox"/> Initial Survey    2. <input type="checkbox"/> Resurvey	
SURVEYORS' NAMES		TITLES

SURVEY TEAM COMPOSITION

Indicate the Number of Surveyors According to Discipline:

A.		Administrator	H.		Life Safety Code Specialist
B.		Nurse	I.		Laboratorian
C.		Dietitian	J.		Sanitarian
D.		Pharmacist	K.		Therapist
E.		Records Administrator	L.		Physician
F.		Social Worker	M.		National Institutes of Mental Health
G.		Qualified Mental Retardation Professional	N.		Other

1609 Indicate the Total Number of Surveyors Onsite: \_\_\_\_\_

# Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-501	<b>\$485.54 Condition of Participation: Compliance with State and local laws.</b>  The facility and all personnel who provide services must be in compliance with applicable State and local laws and regulations.				
I-502	<b>(a) Standard: Licensure of facility.</b>  If State or local law provides for licensing, the facility must be currently licensed or approved as meeting the standards established for licensure.				
I-503	<b>(b) Standard: Licensure of Personnel.</b>  Personnel that provide a service must be licensed, certified, or registered in accordance with applicable State and local laws.				
I-504	State licensure, certification or registration is not required for: (Check those applicable)  <div> <div>1 <input type="checkbox"/> Occupational Therapist</div> <div>4 <input type="checkbox"/> Psychologist</div> <div>2 <input type="checkbox"/> Speech Pathologist</div> <div>5 <input type="checkbox"/> Rehabilitation Counselor</div> <div>3 <input type="checkbox"/> Social Worker</div> <div>6 <input type="checkbox"/> All of the Above</div> </div>				
I-505	<b>\$485.56 Condition of Participation: Governing body and administration.</b>  The facility must have a governing body that assumes full legal responsibility for establishing and implementing policies regarding the management and operation of the facility.				
I-506	<b>(a) Standard: Disclosure of Ownership.</b>  The facility must comply with the provisions of part 420, subpart C of this chapter that require health care providers and fiscal agents to disclose certain information about ownership and control.				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-507	<b>(b) Standard: Administrator.</b> The governing body must appoint an administrator who—				
I-508	(1) Is responsible for the overall management of the facility under the authority delegated by the governing body;				
I-509	(2) Implements and enforces the facility's policies and procedures;				
I-510	(3) Designates, in writing, an individual who, in the absence of the administrator, acts on behalf of the administrator; and				
I-511	(4) Retains professional and administrative responsibility for all personnel providing facility services.				
I-512	<b>(c) Standard: Group of professional personnel.</b> The facility must have a group of professional personnel associated with the facility that—				
I-513	(1) Develops and periodically reviews policies to govern the services provided by the facility; and				
I-514	(2) Consists of at least one physician and one professional representing each of the services provided by the facility.				
I-515	<b>(d) Standard: Institutional budget plan.</b> The facility must have an institutional budget plan that meets the following conditions:				
I-516	(1) It is prepared, under the direction of the governing body, by a committee consisting of representatives of the governing body and the administrative staff.				
I-517	(2) It provides for:  (i) An annual operating budget prepared according to generally accepted accounting principles.  (ii) A 3-year capital expenditure plan if expenditures in excess of \$100,000 are anticipated, for that period, for the acquisition of land; the improvement of land, buildings and equipment; and the replacement, modernization, and expansion of buildings and equipment; and				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
	(iii) Annual review and updating by the governing body.				
I-518	<b>(e) Standard: Patient care policies.</b> The facility must have written care policies that govern the services it furnishes. The patient care policies must include the following:				
I-519	(1) A description of the services that facility furnishes through employees and those furnished under arrangements.				
I-520	(2) Rules for and personnel responsibilities in handling medical emergencies.				
I-521	(3) Rules for the storage, handling, and administration of drugs and biologicals.				
I-522	(4) Criteria for patient admission, continuing care, and discharge.				
I-523	(5) Procedures for preparing and maintaining clinical records on all patients.				
I-524	(6) A procedure for explaining to the patient and the patient's family the extent and purpose of the services to be provided.				
I-525	(7) A procedure to assist the referring physician in locating another level of care for patients whose treatment has terminated and who are discharged.				
I-526	(8) A requirement that patients accepted by the facility must be under the care of a physician.				
I-527	(9) A requirement that there be a plan of treatment established by a physician for each patient.				
I-528	(10) A procedure to ensure that the group of professional personnel reviews and takes appropriate action on recommendations from the utilization review committee regarding patient care policies.				
I-529	<b>(f) Standard: Delegation of authority.</b> The responsibility for overall administration, management and operation must be retained by the facility itself and not delegated to others.				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-530	<p>(1) The facility may enter into a contract for purposes of assistance in financial management and may delegate to others the following and similar services:</p> <p>(i) Bookkeeping.</p> <p>(ii) Assistance in the development of procedures for billing and accounting systems.</p> <p>(iii) Assistance in the development of an operating budget.</p> <p>(iv) Purchase of supplies in bulk form.</p> <p>(v) The preparation of financial statements.</p>				
I-531	<p>(2) When the services listed in paragraph (1)(1) of this section are delegated, a contract must be in effect and:</p> <p>(i) May not be a term of more than 5 years;</p> <p>(ii) Must be subject to termination within 60 days of written notice by either party;</p> <p>(iii) Must contain a clause requiring renegotiation of any provision that CMS finds to be in contravention to any new, revised, or amended Federal regulation or law;</p> <p>(iv) May not include clauses that state or imply that the contractor has power and authority to act on behalf of the facility, or clauses that give the contractor rights, duties, discretions, and responsibilities that enable it to dictate the administration, management, or operations of the facility.</p>				
I-532	<p><b>\$485.58 Condition of Participation: Comprehensive rehabilitation program</b></p> <p>The facility must provide a coordinated rehabilitation program that includes, at a minimum, physicians' services, physical therapy services and social or psychological services. The services must be furnished by personnel that meet the qualifications set forth in §488.70 and must be consistent with the plan of treatment and the results of comprehensive patient assessments.</p>				
I-533	<p><b>(a) Standard: Physician services.</b></p>				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-534	<p>(1) A facility physician must be present in the facility for a sufficient time to—</p> <p>(i) Provide, in accordance with accepted principles of medical practice, medical direction, medical care services and consultation;</p> <p>(ii) Establish the plan of treatment in cases where a plan has not been established by the referring physician;</p> <p>(iii) Assist in establishing and implementing the facility's patient care policies; and</p> <p>(iv) Participate in plan of treatment reviews, patient case review conferences, comprehensive patient assessment and reassessments and utilization reviews.</p>				
I-535	(2) The facility must provide for emergency physician services during the facility operating hours.				
I-536	<p><b>(b) Standard: Plan of treatment.</b></p> <p>For each patient, a physician must establish a plan of treatment before the facility initiates treatment. The plan of treatment must meet the following requirements:</p>				
I-537	(1) It must delineate anticipated goals and specify the type, amount, frequency and duration of services to be provide.				
I-538	(2) It must be promptly evaluated after changes in the patient's condition and revised when necessary.				
I-539	(3) It must, if appropriate, be developed in consultation with the facility physician and the appropriate facility professional personnel.				
I-540	(4) It must be reviewed at least every 60 days by a facility physician who, when appropriate, consults with the professional personnel providing services. The results of this review must be communicated to the patient's referring physician for concurrence before treatment is continued or discontinued.				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-541	(5) It must be revised if the comprehensive reassessment of the patient's status or the results of the patient case review conference indicate the need for revision.				
I-542	<b>(c) Standard: Coordination of services.</b> The facility must designate, in writing, a qualified professional to ensure that professionals coordinate their related activities and exchange information about each patient under their care. Mechanisms to assist in the coordination of services must include—				
I-543	(1) Providing to all personnel associated with the facility, a schedule indicating the frequency and type of services provided at the facility;				
I-544	(2) A procedure for communicating to all patient care personnel pertinent information concerning significant changes in the patient's status;				
I-545	(3) Periodic clinical record entries, noting at least the patient's status in relationship to goal attainment; and				
I-546	(4) Scheduling patient case review conferences for purposes of determining appropriateness of treatment, when indicated by the results of the initial comprehensive patient assessment, reassessment(s), the recommendation of the facility physician (or other physician who established the plan of treatment), or upon recommendation of one of the professionals providing services.				
I-547	<b>(d) Standard: Provision of services.</b>				
I-548	(1) All patient's must be referred to the facility by a physician who provides the following information to the facility before treatment is initiated: (i) The patient's significant medical history. (ii) Current medical findings. (iii) Diagnosis(es) and contraindications to any treatment modality. (iv) Rehabilitation goals, if determined.				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-549	(2) Services may be provided by facility employees or by others under arrangements made by the facility.				
I-550	(3) The facility must have on its premises the necessary equipment to implement the plan of treatment and sufficient space to allow adequate care.				
I-551	(4) The services must be furnished by personnel that meet the qualifications of §485.70 and the number of qualified personnel must be adequate for the volume and diversity of services offered. Personnel that do not meet the qualifications specified in §485.70 may be used by the facility in assisting qualified staff. When a qualified individual is assisted by these personnel, the qualified individual must be on the premises, and must instruct these personnel in appropriate patient care service techniques and retain responsibility for their activities.				
I-552	(5) A qualified professional must initiate and coordinate the appropriate portions of the plan of treatment, monitor the patient's progress, and recommend changes in the plan, if necessary.				
I-553	(6) A qualified professional representing each service made available at the facility must be either on the premises of the facility or must be available through direct telecommunication for consultation and assistance during the facility's operating hours. At least one qualified professional must be on the premises during the facility's operating hours.				
I-554	(7) All services must be provided consistent with accepted professional standards and practice.				
I-555	<b>(e) Standard: Scope and site of services.</b> The facility must provide all the CORF services required in the plan of treatment and, with the exception of one home visit to evaluate the potential impact of the home environment on the rehabilitation goals, must provide the services on its premises.				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-556	<b>(f) Standard: Patient assessment.</b> Each qualified professional involved in the patient's care, as specified in the plan of treatment, must—				
I-557	(1) Carry out an initial patient assessment; and				
I-558	(2) In order to identify whether or not the current plan of treatment is appropriate, perform a patient reassessment after significant changes in the patient's status.				
I-559	<b>§485.60 Condition of Participation: Clinical records.</b> The facility must maintain clinical records on all patients in accordance with accepted professional standards and practice. The clinical records must be completely, promptly, and accurately documented, readily accessible, and systematically organized to facilitate retrieval and compilation of information.				
I-560	<b>(a) Standard: Content.</b> Each clinical record must contain sufficient information to identify the patient clearly and to justify the diagnosis and treatment. Entries in the clinical record must be made as frequently as is necessary to insure effective treatment, and must be signed by personnel providing services. All entries made by assistant level personnel must be countersigned by the corresponding professional. Documentation on each patient must be consolidated into one clinical record that must contain—				
I-561	(1) The initial assessment and subsequent reassessments of the patient's needs;				
I-562	(2) Current plan of treatment;				
I-563	(3) Identification data and consent or authorization forms;				
I-564	(4) Pertinent medical history, past or present;				
I-565	(5) A report of pertinent physical examinations; if any;				
I-566	(6) Progress notes or other documentation that reflect patient reaction to treatment, tests, or injury, or the need to change the established plan of treatment; and				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-567	(7) Upon discharge, a discharge summary including patient status relative to goal achievement, prognosis, and future treatment considerations.				
I-568	<b>(b) Standard: Protection of clinical record information.</b> The facility must safeguard clinical record information against loss, destruction, or unauthorized use. The facility must have procedures that govern the use and removal of records and the conditions for release of information. The facility must obtain the patient's written consent before releasing information not required to be released by law.				
I-569	<b>(c) Standard: Retention and preservation.</b> The facility must retain clinical record information for 5 years after patient discharge and must make provision for the maintenance of such records in the event that it is no longer able to treat patients.				
I-570	<b>\$485.62 Condition of Participation: Physical environment.</b> The facility must provide a physical environment that protects the health and safety of patients, personnel, and the public.				
I-571	<b>(a) Standard: Safety and comfort of patients.</b> The physical premises of the facility and those areas of its surrounding physical structure that are used by the patients (including at least all stairwells, corridors and passageways) must meet the following requirements:				
I-572	(1) Applicable Federal, State, and local building, fire and safety codes must be met.				
I-573	(2) Fire extinguishers must be easily accessible and fire regulations must be prominently posted.				
I-574	(3) A fire alarm system with local (in-house) capability must be functional, and where power is generated by electricity, an alternate power source with automatic triggering must be present.				
I-575	(4) Lights, supported by an emergency power source, must be placed at exits.				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-576	(5) A sufficient number of staff to evacuate patients a disaster must be on the premises of the facility whenever patients are being treated.				
I-577	(6) Lighting must be sufficient to carry out services safely; room temperature must be maintained at comfortable levels; and ventilation through windows, mechanical means, or a combination of both must be provided.				
I-578	(7) Safe and sufficient space must be available for the scope of services offered.				
I-579	<b>(b) Standard: Sanitary environment.</b> The facility must maintain a sanitary environment and establish a program to identify, investigate, prevent, and control the cause of patient infections.				
I-580	(1) The facility must establish written policies and procedures designed to control and prevent infection in the facility and to investigate and identify possible causes of infection.				
I-581	(2) The facility must monitor the infection control program to ensure that the staff implement the policies and procedures and that the policies and procedures are consistent with current practices in the field.				
I-582	(3) The facility must make available at all times a quantity of laundered linen adequate for proper care and comfort of patients. Linens must be handled, stored, and processed in a manner that prevents the spread of infection.				
I-583	(4) Provisions must be in effect to ensure that the facility's premises are maintained free of rodent and insect infestation.				
I-584	<b>(c) Standard: Maintenance of equipment, physical location, and grounds.</b> The facility must establish a written preventative maintenance program to ensure that—				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-585	(1) All equipment is properly maintained and equipment needing periodic calibration is calibrated consistent with the manufacturer's recommendations; and				
I-586	(2) The interior of the facility, the exterior of the physical structure housing the facility, and the exterior walkways and parking areas are clean and orderly and maintained free of any defects that are a hazard to patients, personnel, and the public.				
I-587	<b>(d) Standard: Access for the physically impaired.</b> The facility must ensure the following:				
I-588	(1) Doorways, stairwells, corridors, and passageways used by patients are— (i) Of adequate width to allow for easy movement of all patients (including those on stretchers or in wheelchairs); and (ii) In the case of stairwells, equipped with firmly attached handrails on at least one side.				
I-589	(2) At least one toilet facility is accessible and constructed to allow utilization by ambulatory and nonambulatory individuals.				
I-590	(3) At least one entrance is usable by individuals in wheelchairs.				
I-591	(4) In multi-story buildings, elevators are accessible to and usable by the physically impaired on the level that they use to enter the building and all levels normally used by the patients of the facility.				
I-592	(5) Parking spaces are large enough and close enough to the facility to allow safe access by the physically impaired.				
I-593	<b>§485.64 Condition of Participation: Disaster procedures.</b> The facility must have written policies and procedures that specifically define the handling of patients, personnel, records, and the public during disasters. All personnel associated with the facility must be knowledgeable with respect to these procedures, be trained in their application, and be assigned specific responsibilities.				

## Name of Facility

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-594	<b>(a) Standard: Disaster plan.</b> The facility's written disaster plan must be developed and maintained with assistance of qualified fire, safety, and other appropriate experts. The plan must include—				
I-595	(1) Procedures for prompt transfer of casualties and records;				
I-596	(2) Procedures for notifying community emergency personnel (for example, fire department, ambulance, etc.);				
I-597	(3) Instructions regarding the location and use of alarm systems and signals and fire fighting equipment; and				
I-598	(4) Specification of evacuation routes and procedures for leaving the facility.				
I-599	<b>(b) Standard: Drills and staff training.</b>				
I-600	(1) The facility must provide ongoing training and drills for all personnel associated with the facility in all aspects of disaster preparedness.				
I-601	(2) All new personnel must be oriented and assigned specific responsibilities regarding the facility's disaster plan within two weeks of their first workday.				
I-602	<b>\$485.66 Condition of Participation: Utilization review plan.</b> The facility must have in effect a written utilization review plan that is implemented at least each quarter, to assess the necessity of services and promotes the most efficient use of services provided by the facility.				
I-603	<b>(a) Standard: Utilization review committee.</b> The utilization review committee, consisting of the group of professional personnel specified in §485.56(c), a committee of this group, or a group of similar composition, comprised by professional personnel not associated with the facility, must carry out the utilization review plan.				
I-604	<b>(b) Standard: Utilization review plan</b> The utilization review plan must contain written procedures for evaluating—				

**Name of Facility**

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
I-605	(1) Admissions, continued care, and discharges using, at a minimum, the criteria established in the patient care policies;				
I-606	(2) The applicability of the plan of treatment to established goals; and				
I-607	(3) The adequacy of the clinical records with regard to—  (i) Assessing the quality of services provided;  (ii) Determining whether the facility's policies and clinical practices are compatible and promote appropriate and efficient utilization of services.				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0267. The time required to complete this information collection is estimated to average 3 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES

CRUCIAL DATA EXTRACT

PROVIDER NUMBER	FACILITY NAME	SURVEY DATE
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(SF42) SURVEY TEAM COMPOSITION

INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

1500 (SF42)	A. _____ Administrator	H. _____ Life Safety Code Specialist
	B. _____ Nurse	I. _____ Laboratorian
	C. _____ Dietitian	J. _____ Sanitarian
	D. _____ Pharmacist	K. _____ Therapist
	E. _____ Records Administrator	L. _____ Physician
	F. _____ Social Worker	M. _____ National Institute of Mental Health
	G. _____ Qualified Mental Retardation Professional	N. _____ Other

(SF7) 1609: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: \_\_\_\_\_

1504: PROFESSIONS NOT REQUIRING STATE LICENSURE, CERTIFICATION OR REGISTRATION

(1) <input type="checkbox"/> Occupational Therapist	(4) <input type="checkbox"/> Psychologist
(2) <input type="checkbox"/> Speech Pathologist	(5) <input type="checkbox"/> Rehabilitation Counselor
(3) <input type="checkbox"/> Social Worker	(6) <input type="checkbox"/> All of the Above
N/A	N/A
1502: (3) <input type="checkbox"/>	1530: (3) <input type="checkbox"/>
1503: (3) <input type="checkbox"/>	1531: (3) <input type="checkbox"/>
1529: (3) <input type="checkbox"/>	

\*1608: IS THIS A PARTIAL SURVEY? (1) \_\_\_\_\_ Yes (2) \_\_\_\_\_ No (SF43) (If yes, place an 'X' in the box next to the conditions surveyed.)

1501: ☐ 1570: ☐

1505: ☐ 1593: ☐

1532: ☐ 1602: ☐

1559: ☐

Mandatory Field